

Case Number:	CM15-0097949		
Date Assigned:	05/29/2015	Date of Injury:	06/10/2008
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old male, who sustained an industrial injury on 6/10/08. He has reported initial complaints of low back and right shoulder injury. The diagnoses have included lumbar radiculopathy, degenerative disc disease (DDD), failed back syndrome and right shoulder strain. Treatment to date has included medications, diagnostics, activity modifications, surgery, physical therapy, acupuncture, cold unit and Interferential Unit (IF). Currently, as per the physician progress note dated 3/19/15, the injured worker complains of continued pain in the low back status post back surgery. He was on Hydrocodone, sleeping medications and Zanaflex. It is noted that the physical exam is unchanged from previous visit. The only other noted physical exam is dated 10/28/14, the initial exam of the primary treating physician noted that the physical findings reveal diffuse lumbar and thoracic tenderness, there is slight asymmetry, there was tingling in the right hand fingertips, and there was diffuse right shoulder tenderness. The urine drug screen dated 3/19/15 was negative as there were no prescribed medications noted. The treatment plan was for caudal epidural steroid injection (ESI) and facet joint injection approval, compound creams, continue with acupuncture, physical therapy, cold unit, Interferential Unit (IF) for neuropathic pain, continue with conservative treatment and he will be discharged from the pain clinic. The physician requested treatment included HNPCI- Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% And Hyaluronic Acid 0.2% in a cream base 240G for pain in the low back.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

HNPCI-Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% And Hyaluronic Acid 0.2% in a cream base 240G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and antiepilepsy drugs have failed. There is little research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended. This product contains Gabapentin, which is not recommended. Amitriptyline is also not recommended. Therefore this request is not medically necessary or appropriate.